

# U.S. Navy MWR Overseas Intern Application

(Only typewritten applications will be accepted)

Session applying for: Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_

Year applying for: \_\_\_\_\_ SSN: \_\_\_\_\_

Full legal name: \_\_\_\_\_

Current address (no P.O. boxes): \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Passport number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

College/University: \_\_\_\_\_

Year in school: Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate school \_\_\_\_\_

Major: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ GPA in major: \_\_\_\_\_

Faculty advisor: \_\_\_\_\_

Advisor's phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please rank your top five program choices below. One (1) being the **MOST** desirable and five (5) being the **LEAST** desirable.

|   |                                      |
|---|--------------------------------------|
| _____ Aquatics                            | _____ Child Development Center (CDC) |
| _____ Fitness                             | _____ Food/Beverage                  |
| _____ Information, Tickets & Travel (ITT) | _____ Liberty (young adult)          |
| _____ Outdoor Recreation                  | _____ Special Events                 |
| _____ Sports                              | _____ Teen & Youth                   |

Please rank your top five location choices below. One (1) being the **MOST** desirable and five (5) being the **LEAST** desirable.

|               |               |
|---------------|---------------|
| _____ Bahrain | _____ Cuba    |
| _____ Hawaii  | _____ Iceland |
| _____ Italy   | _____ Japan   |
| _____ Korea   | _____ Spain   |

(Please complete page 2)

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Are you considering MWR as a possible career choice?

\_\_\_\_\_ No \_\_\_\_\_ Yes

Have you ever been convicted of any criminal offense?

\_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Are you currently involved in any legal proceedings?

\_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, please explain) \_\_\_\_\_

\_\_\_\_\_

**(Answering the following questions is voluntary; however, without this information we may not be able to provide special accommodations if needed.)**

Do you have any allergies, medical conditions, physical or mental, that would prevent you from performing certain tasks or that would require special accommodations?

\_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Are you taking any prescribed medications on a regular basis that would prevent you from performing certain tasks or that would require special accommodations?

\_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions, physical or mental, that may be exacerbated by the environmental factors of your internship assignment?

\_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, please explain) \_\_\_\_\_

\_\_\_\_\_

**I certify** that to the best of my knowledge and belief, **all** of my statements are complete, correct, true and made in good faith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please mail completed application along with:**

- \*Cover letter
- \*Faculty recommendation letter(s)
- \*Resume
- \*Transcripts

**To:** Intern Program Manager  
MWR Training Branch (PERS-654G)  
5720 Integrity Drive  
Millington, TN 38055-6540

**Application must be POSTMARKED by the following deadline:**

April 15<sup>th</sup> for the September 15-December 15 fall session  
August 15<sup>th</sup> for the January 15-April 15 spring session  
December 15<sup>th</sup> for the May 15-August 15 summer session

Visit our website at [www.mwr.navy.mil/mwrprgms/intern.html](http://www.mwr.navy.mil/mwrprgms/intern.html)